Senate



General Assembly

File No. 162

February Session, 2016

Senate Bill No. 165

Senate, March 23, 2016

The Committee on Aging reported through SEN. FLEXER of the 29th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE CARE PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 17b-349e of the general statutes is repealed and
- 2 the following is substituted in lieu thereof (*Effective July 1, 2016*):
- 3 (a) As used in this section:
- 4 (1) "Respite care services" means support services which provide
- 5 short-term relief from the demands of ongoing care for an individual
- 6 with Alzheimer's disease.
- 7 (2) "Caretaker" means a person who has the responsibility for the
- 8 care of an individual with Alzheimer's disease or has assumed the
- 9 responsibility for such individual voluntarily, by contract or by order
- 10 of a court of competent jurisdiction.
- 11 (3) "Copayment" means a payment made by or on behalf of an
- 12 individual with Alzheimer's disease for respite care services.

SB165 / File No. 162 1

13 (4) "Individual with Alzheimer's disease" means an individual with Alzheimer's disease or related disorders.

- (b) The Commissioner on Aging shall operate a program [, within available appropriations,] to provide respite care services for caretakers of individuals with Alzheimer's disease, provided such individuals with Alzheimer's disease meet the requirements set forth in subsection (c) of this section. Such respite care services may include, but need not be limited to: (1) [homemaker] Homemaker services; (2) adult day care; (3) temporary care in a licensed medical facility; (4) home-health care; (5) companion services; or (6) personal care assistant services. Such respite care services may be administered directly by the Department on Aging, or through contracts for services with providers of such services, or by means of direct subsidy to caretakers of individuals with Alzheimer's disease to purchase such services.
- (c) (1) No individual with Alzheimer's disease may participate in the program if such individual (A) has an annual income of more than [forty-one] <u>fifty</u> thousand dollars or liquid assets of more than one hundred nine thousand dollars, or (B) is receiving services under the Connecticut home-care program for the elderly. On July 1, 2009, and annually thereafter, the commissioner shall increase such income and asset eligibility criteria over that of the previous fiscal year to reflect the annual cost of living adjustment in Social Security income, if any.
- (2) No individual with Alzheimer's disease who participates in the program may receive more than three thousand five hundred dollars for services under the program in any fiscal year or receive more than thirty days of out-of-home respite care services other than adult day care services under the program in any fiscal year, except [that] the commissioner shall adopt regulations pursuant to subsection (d) of this section to provide up to seven thousand five hundred dollars for services to a participant in the program who demonstrates a need for additional services.
- (3) The commissioner may require an individual with Alzheimer's disease who participates in the program to pay a copayment for respite

care services under the program, except the commissioner may waive such copayment upon demonstration of financial hardship by such individual.

- 49 (d) The commissioner shall adopt regulations in accordance with the 50 provisions of chapter 54 to implement the provisions of this section. 51 Such regulations shall include, but need not be limited to: (1) 52 [standards] Standards for eligibility for respite care services; (2) the 53 basis for priority in receiving services; (3) qualifications and 54 requirements of providers, which shall include specialized training in 55 Alzheimer's disease, dementia and related disorders; (4) a requirement 56 that providers accredited by the Joint Commission on the 57 Accreditation of Healthcare Organizations, when available, receive 58 preference in contracting for services; (5) provider reimbursement 59 levels; (6) limits on services and cost of services; and (7) a fee schedule 60 for copayments.
- 61 (e) The Commissioner on Aging may allocate any funds 62 appropriated in excess of five hundred thousand dollars for the 63 program among the five area agencies on aging according to need, as 64 determined by [said] the commissioner.

This act shall take effect as follows and shall amend the following						
sections:						
Section 1	July 1, 2016	17b-349e				

AGE Joint Favorable

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 17 \$	FY 18 \$
State Dept. of Aging	GF - Cost	250,00 to	250,00 to
		1,178,000	1,178,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill increases eligibility for the Alzheimer's Respite program and eliminates the requirement that it be operated within available appropriations. This will result in additional annual program costs of between \$250,000 and \$1.2 million.

The bill increases the income eligibility limit from the current \$44,591 to \$50,000. In FY 15, the program served 828 clients at an average cost of \$2,500.¹ Assuming that utilization is similar in the expanded income bracket, the program would serve an additional 100 clients, at an additional annual cost of \$250,000.

Currently, the Department on Aging manages the amount of services allocated to each enrollee in order to not exceed the program's appropriation. Should the elimination of the requirement that the program be operated within available appropriations result in all clients receiving additional benefits up to the statutory standard of \$3,500, additional annual costs of \$928,000 would be incurred.

The Out Years

¹State Department on Aging, Connecticut Statewide Respite Care Program End of Year Report July 1, 2014 – June 30, 2015.

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of people served and the cost of benefits provided under the program.

OLR Bill Analysis SB 165

AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE RESPITE CARE PROGRAM.

SUMMARY:

This bill increases, from \$44,591 to \$50,000, the annual income limit for individuals with Alzheimer's disease or related disorders to participate in the state's Respite Care Program, which provides respite for caregivers of program participants. By law, program participants must (1) meet income and liquid asset limits (currently \$44,591 and \$118,549, respectively) and (2) not be enrolled in the Connecticut Home Care Program for Elders. By law, the aging commissioner annually increases both limits to reflect Social Security cost of living adjustments.

The bill also (1) eliminates the requirement that the commissioner operate the program within available appropriations and (2) makes technical changes.

EFFECTIVE DATE: July 1, 2016

BACKGROUND

Respite Care Program

By law, respite program participants are eligible to receive up to \$7,500 in services annually, depending on need. The program provides homemaker, personal care assistant, adult day care, short-term medical and facility care, home health care, and companion services. Participants may be required to pay a portion of the cost.

COMMITTEE ACTION

Aging Committee

SB165 / File No. 162

Joint Favorable

Yea 13 Nay 0 (03/08/2016)